



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

MO Ethics Commission

Office Use:

DEC 27 2022

Rec'd by email

1. Statement Information

Date: 12/27/2022

Type: ☒ New ☐ Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Moore for Kansas City

Name of Committee

PO Box 8721, Kansas City, MO 64114

(816) 695-6862

Committee Mailing Address, City, State, & Zip

Telephone Number

Kansas City Board of Election Commissioners

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Michael Patterson

Treasurer's Name (First & Last)

6744 Edgevale RD, Kansas City, MO 64113

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(913) 669-4518

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Tiffany Moore, PO Box 8443, Kansas City, MO 64114

Name & Mailing Address, City, State & Zip of Candidate

04/04/2023

Election Date

City Council; Kansas City, MO

Office Sought & Political Subdivision

(816) 695-6862

Telephone Number (Candidate Committees Only)

Nonpartisan

Political Party

Support

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) - Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)